

ART. VIII.—*Excision of the Os Calcis.* By Assistant Surgeon C. R. GREENLEAF, M. D., U. S. Army.

SERGEANT THOMAS C. BARRIN, Co. C., 81st Regiment Pennsylvania volunteers, aged 18 years, native of Philadelphia, was admitted to the Mower U. S. A. General Hospital, Chestnut Hill, on the 15th of January, with a gunshot wound of his right heel.

At the battle of Fredericksburg, Dec. 13, 1862, while in the act of leaping a fence, he received a wound from a conoidal ball, which entered the os calcis on its external surface, and, passing forwards, inwards and slightly downwards, made its exit from the inner surface of the bone near its articulation with the astragalus. Considerable hemorrhage attended the wound, and at a house near by a bandage was applied, and he was sent on to the Mt. Pleasant Hospital, Washington, from whence he was shortly afterwards, in company with others, transferred to Philadelphia. No careful examination of the condition of the wound was made, on his admission, owing to the swelling of the soft parts; cold water dressings, and perfect rest, was the only treatment used. Pus was discharged very freely from the wound, and occasionally small portions of the cancellated structure of the bone came away. Several abscesses formed both on the inner and outer side of the foot, and on opening were found to communicate with the bone.

On the 12th of May (five months after the receipt of the injury), the bone showing no signs of healthy action, it was decided, after a consultation, to excise it, and, accordingly, on the 16th, assisted by Drs. J. H. B. McClellan, C. R. Maclean, and others, I proceeded with the operation, the patient being under the influence of chloroform. An incision was commenced on the external surface of the foot, a little in front of the calcaneo-cuboid articulation, and carried in a direction parallel to the long axis of the foot, around the heel to a point about five lines posterior, to the posterior tibial artery; the flap thus formed was dissected down, the knife being kept close to the bone. Some hemorrhage which occurred was easily controlled by the use of Monsell's solution. Another incision was then made at right angles to, and joining the first, through the tendo-Achilles, about two inches in length; these flaps were dissected off, and the disarticulation commenced from behind; some difficulty was experienced in separating the calcis from the astragalus, owing to a bridge of callus which was thrown across this articulation, and which had to be cut through by the bone-nippers. No arteries required ligation. The flaps were then cleaned off and brought together by silver wire sutures, an opening being left at the juncture of the vertical with the horizontal incisions for the drainage of the pus. The patient was placed in bed, a cloth saturated with cold water was laid over the wound, and half gr. morph. sulph. was given. The bone was found much shattered, and its internal structure filled with pus; the

cartilage at the astragaloid articulation was eroded, and callus had been thrown across from the sustentaculum tali, uniting the calcis and astragalus.

Some slight febrile action was controlled by diaphoretics, and on the 18th the leg was placed in a Smith's anterior splint, and suspended to a frame over the bed, thus allowing free access to the wound, and good position for the drainage of pus. On the 21st there was some puffiness of the flaps, owing to the closure of the opening for the escape of fluids, which was reopened carefully by a probe, and a tent introduced, a large quantity of grumous matter escaping. The incisions have all healed by first intention, and the sutures were removed. From this date, he continued to improve, and on the 9th of June was moving about the ward on crutches.

July 8th, completely recovered. The wound is thoroughly healed, and a firm elastic cushion has taken the place of the canes; by placing a soft pad in his shoe he is able to move about on the foot, with the aid of a cane; the cicatrice is well upon the posterior part of the heel, and any amount of pressure can be borne without pain. Permission was now given the patient to remain at home with his parents for a few weeks. He returned to the hospital on the 1st of August, able to walk perfectly well without a cane; has no pain, and suffers no inconvenience from the operation.

MOWER U. S. HOSPITAL, Aug. 16, 1863.

ART. IX.—*Case of Fracture of the Coronoid Process of Ulna.*

By EDWARD L. DUEB, M. D., of Philadelphia.

IT having been my fortune, just now, to meet with a case of, to my mind, undoubted fracture of the coronoid process of the ulna, the exceeding rarity of which is so ably borne testimony to by Prof. Hamilton and others, I am induced to believe that a history of the case will be acceptable to the profession, in order to the more full intelligence of the subject.

CASE. W. B., a stout, hearty little fellow, six years of age, came under the charge of Dr. Howell, an intelligent and experienced physician of Allentown, N. J., the 30th day of April last, having just tumbled, headlong, from a rick of hay to the barn floor, a distance of about five feet, and presenting a seemingly uncomplicated dislocation backwards on the humerus, of both bones of the right forearm. The Dr. states that the dislocation was readily reduced, accompanied with a decided snap, by moderate extension and counter-extension, whilst the arm was slightly flexed and supinated, and was thus maintained by supporting the hand in a sling, with the forearm at an angle of about eighty degrees with the arm. This, indeed, alone constituted the dressing. Three days later, when the Dr. again saw the case, the sling had become so elongated as to permit of the arm's making a much greater angle than when first arranged, but the elbow was much swollen, and nothing wrong was suspected. The hand was again elevated